

To: PCPs, Specialists, Ancillary & Hospitals
From: Provider Relations
Date: October 8, 2025
Subject: **Hospital Discharge Information: Additions to Medical Referral Requests**

We have updated our **Medical Referral Request Form** to include references to **Hospital Discharges**. This will allow Hospitals to initiate medical referral requests to coordinate care for members upon discharge. Additionally, other Provider types will be able to connect any referrals to possible hospital stays, if applicable. This will result in a streamlined process regarding post-hospital care for members.

The existing process:

1. Choose Referrals > Request
2. Enter Member ID

Updated process:

3. Member information will pre-populate *prior* to selecting referral type

4. New look when choosing referral type

5. When choosing Medical Request a new process pathway will appear with the option to see more UM information

Referral Request Form

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Member / Provider InfoService Provider InfoICD/CPT CodesDocument Upload

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IMPORTANT INFORMATION - Please read prior to submit this form.

UPON ACCEPTANCE OF REFERRAL AND TREATMENT OF THE MEMBER, THE PHYSICIAN/PROVIDER AGREES TO ACCEPT IEHP CONTRACTED RATES. This referral verifies medical necessity only. Payments for services are dependent upon the Member's eligibility at the time services are rendered.

6. An option appears to link the medical referral request to a recent hospital/facility stay; response is required

A. Is this a post-discharge follow-up referral?

Member/Provider Identification

IEHP ID

IEHPID

Is this a post discharge follow-up referral?

A

Yes

No

6

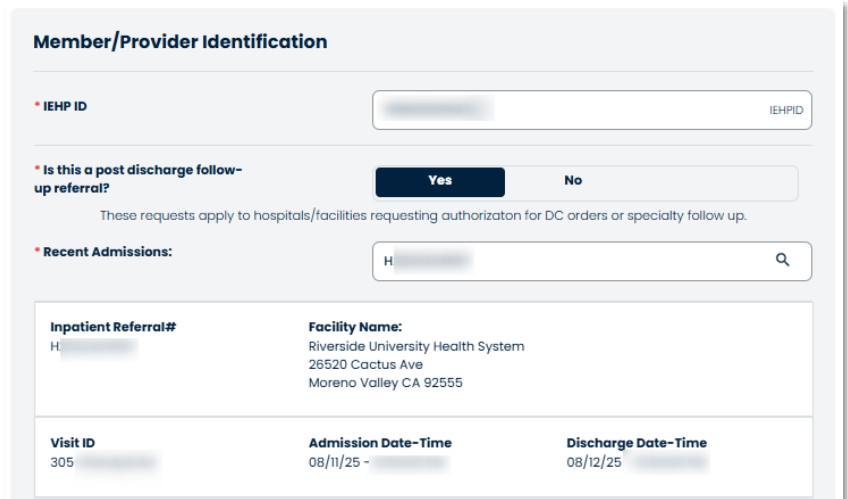
B. If yes, click, and a box will appear listing recent hospital stays

Inpatient Referral#	Facility Name
H	Riverside University Health System 26520 Cactus Ave Moreno Valley CA 92555
H	
H	Riverside University Health System 26520 Cactus Ave Moreno Valley CA 92555
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- C. Choose the corresponding stay by clicking the listing
- D. Click on Visit ID to attach

Inpatient Referral#		Facility Name	
H: [REDACTED]		Riverside University Health System 26520 Cactus Ave Moreno Valley CA 92555	
Visit ID		Admission Date-Time	Discharge Date-Time
305-		08/11/25 - 01:53:00 PM	08/12/25 - 01:53:00 PM

Hospital visit is now linked to referral.



Member/Provider Identification

* IEHP ID: [Text Field] IEHPID

* Is this a post discharge follow-up referral? **Yes** **No**

These requests apply to hospitals/facilities requesting authorization for DC orders or specialty follow up.

* Recent Admissions: H [Text Field] Q

Inpatient Referral#
 H [Text Field]

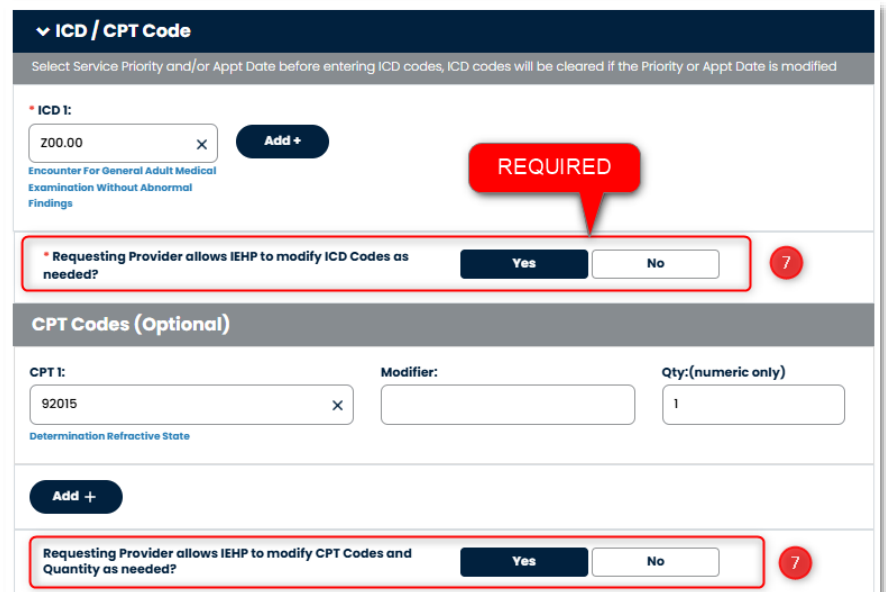
Facility Name:
 Riverside University Health System
 26520 Cactus Ave
 Moreno Valley CA 92555

Visit ID
 305

Admission Date-Time
 08/11/25 - [Text Field]

Discharge Date-Time
 08/12/25 [Text Field]

- There is a field to allow IEHP to update ICD and CPT codes; a response is **required for ICD codes, optional for CPT**.



ICD / CPT Code

Select Service Priority and/or Appt Date before entering ICD codes, ICD codes will be cleared if the Priority or Appt Date is modified

* ICD I: [Text Field: Z00.00] X **Add +**

Encounter For General Adult Medical Examination Without Abnormal Findings

REQUIRED

* Requesting Provider allows IEHP to modify ICD Codes as needed? **Yes** **No** 7

CPT Codes (Optional)

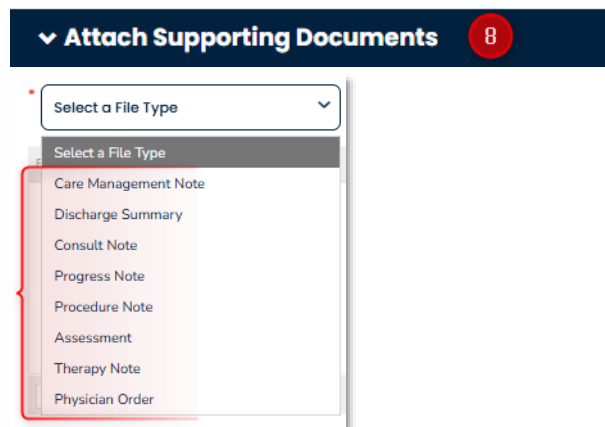
CPT I: [Text Field: 92015] X **Modifier:** [Text Field] **Qty:(numeric only)** [Text Field: 1]

Determination Refractive State

Add +

Requesting Provider allows IEHP to modify CPT Codes and Quantity as needed? **Yes** **No** 7

- Indicate document type:



Attach Supporting Documents 8

* Select a File Type

Select a File Type

- Care Management Note
- Discharge Summary
- Consult Note
- Progress Note
- Procedure Note
- Assessment
- Therapy Note
- Physician Order

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices